



1635/8

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/840,704	E C H C E N T R E R 1 6 0 0 2 9 0 0	JAN 2 7 2003
Total Number of Pages in This Submission	7	Filing Date April 23, 2001		JAN 2 7 2003
		First Named Inventor DEDHAR, SHOUKAT		JAN 2 7 2003
		Group Art Unit 1635		JAN 2 7 2003
		Examiner Name GIBBS, TERRA C.		JAN 2 7 2003

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Restriction Election	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	Change of Correspondence Address	<input type="checkbox"/> 1. Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	PAMELA J. SHERWOOD, Reg. No. 36,677	
Signature		
Date	January 16, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 16, 2003.

Typed or printed name	Susan M. Alessi	Date	January 16, 2003
Signature			

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
Deposit Account Number 50-0815
Deposit Account Name Bozicevic, Field & Francis LLP
 Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant Claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

2. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Entity Fee Code	Fee (\$)	Small Entity Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					

1. EXTRA CLAIM FEES

Total Claims	24 -20**	=	Extra Claims	Fee from below	Fee Paid
Indep. Claims	5-3**	=	x	=	
Multiple Dependent		=			

Large Entity Fee Code	Fee (\$)	Entity Fee Code	Fee (\$)	Small Entity Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$				

**or number previously paid, if greater; For Reissues, see above.

Complete if Known							
Application Number		09/840,704					
Filing Date		April 23, 2001					
First Named Inventor		DEDHAR, SHOUKAT					
Examiner Name		GIBBS, TERRA C.					
Group Art Unit		1635					
Attorney Docket No.		KINE-001CON2					
TECH CENTER 1600-2900							
RECEIVED JAN 23 2001							
FEE CALCULATION (continued)							
3. ADDITIONAL FEES							
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description			Fee Paid	
105	130	205	65	Surcharge – late filing fee or oath			
127	50	227	25	Surcharge – late provisional filing fee or cover sheet			
139	130	139	130	Non-English specification			
147	2,520	147	2,520	For filing a request for ex parte reexamination			
112	920*	112	920*	Requesting publication of SIR prior to Examination action			
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
115	110	215	55	Extension for reply within first month			55.00
116	400	216	200	Extension for reply within second month			
117	920	217	460	Extension for reply within third month			
118	1,440	218	720	Extension for reply within fourth month			
128	1,960	228	980	Extension for reply within fifth month			
119	320	219	160	Notice of Appeal			
120	320	220	160	Filing a brief in support of an appeal			
121	280	221	140	Request for oral hearing			
138	1,510	138	1,510	Petition to institute a public use proceeding			
140	110	240	55	Petition to revive – unavoidable			
141	1,280	241	640	Petition to revive – unintentional			
142	1,280	242	640	Utility issue fee (or reissue)			
143	460	243	230	Design issue fee			
144	620	244	310	Plant issue fee			
122	130	122	130	Petitions to the Commissioner			
123	50	123	50	Processing fee under 37 CFR 1.17(q)			
126	180	126	180	Submission of Information Disclosure Stmt			
581	40	581	40	Recording each patent assignment per property (times number of properties)			
146	740	246	370	For each additional invention to be examined (37 CFR § 1.129(a))			
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))			
179	740	279	370	Request for Continued Examination (RCE)			
169	900	169	900	Request for expedited examination of a design application			
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$ 55.00)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Pamela J. Sherwood	Registration No. (Attorney/Agent)	36,677	Telephone	(650) 327-3400
Signature	<i>Pamela J. Sherwood</i>			Date	01/16/2003

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